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Bib Data Sheet

SERIAL NUMBER 09/927,680	FILING DATE 08/10/2001 RULE	CLASS 359	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. GOW 0075 PA
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/227,796 08/25/2000

yes cl

** FOREIGN APPLICATIONS *****

none cl

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/28/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 6	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Christina [Signature]</i> Initials <i>cl</i>				

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TITLE

Method of adaptive signal degradation compensation

☐ All Fees

<p>FILING FEE</p> <p>RECEIVED 530</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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